

**Partnership agreements less likely among young gay men in Australia, data from
a national online survey of gay men's relationships**

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ABSTRACT

Background: How gay men establish partnership agreements can be affected by a number of factors, including age. The ability to communicate with a partner about sexual agreements has important sexual health implications for gay men. **Objective:** To assess differences in partnership agreements among gay men. **Methods:** We surveyed gay men about their partnerships, using a national, anonymous online survey in 2013-2014. We compared men who had monogamous partnerships with men who had non-monogamous partnerships, according to age and other factors. **Results:** Regarding the nature of their partnership with their primary regular partner (PRP), younger men were less likely to have an agreement of any sort and were less likely to have discussed it. Younger men were more likely to report having a monogamous partnership, but they were also less likely to report condomless anal intercourse (CLAI) with their PRP. In multivariate analysis of partnership arrangements, having a non-monogamous partnership with their PRP was associated with being older (AOR=1.03; 95%CI=1.02-1.04; $p<0.001$). Nearly two thirds (62.9%) of men with monogamous partnerships had a clear spoken agreement with their PRP about whether they could have sex with other men, largely regardless of age. While slightly fewer than half the men with self-described open partnerships (46.0%) actually described it as a 'relationship', younger men were particularly less likely to do so. **Conclusions:** Due to less communication with partners about sexual agreements, when young gay men engage in sexual risk behaviour they may bear an increased risk of HIV and other sexually transmitted infections.

Introduction

Age has been identified as a key factor in HIV infection among gay men internationally, and young men have been identified as being at increased risk (1,2). Also, it has been estimated that up to two thirds of new infections among gay men occurred in the context of a partnership with a 'primary' or 'regular partner' (3,4), although this proportion has been lower in Australia with 30-40% of new infections having been reported as due to sex with a regular partner (5,6). Given this context, does age affect how gay men communicate within their part partnerships?

Gay men's partnerships have been a traditional focus for HIV prevention efforts. Most condomless anal intercourse (CLAI) between gay men occurs with a primary partner (92.6%), although it is likely that much of it represents minimal risk for HIV transmission (7). Negotiated safety agreements within gay men's partnerships have been key to HIV prevention in Australia for nearly twenty years (8) and have been found to be an effective HIV prevention strategy (9). The negotiation of risk is a complex and dynamic process that is mediated by a number of individual factors including knowledge, beliefs and emotions. Partnerships, regardless of their length or form, are the social unit within which much negotiation about risk occurs.

Communication between primary partners is critical to the effective negotiation of risk by gay men (10) In negotiated safety agreements between seroconcordant HIV negative men in a primary partnership, CLAI is permitted within the partnership but not outside of the primary partnership (11). To be effective, such agreements require clear communication of HIV status, testing history, and sexual history.

It has been argued that gay men are less constrained by societal and familial pressures to conform to a particular, usually monogamous, partnership configuration (12).

Discussion about sexual non-exclusivity within gay partnerships is common and often

openly discussed between couples (10). Nonetheless, for many gay men, monogamy forms the basis of a secure and satisfying partnership, and within which condom use often is eliminated based on perceptions of trust (13).

The majority of gay men in Australia have been found to have a primary partner (14, 7). Of the gay men with a primary partner, approximately half also report having sex with casual partners (14). Many also report sex with fuckbuddies, or other regular partners other than their primary partner (15). This indicates some variety in partnership forms but little detail as to what those forms may entail. About three quarters of men with a primary partner report having negotiated safety agreements, although explicit agreements between primary partners have become less common over time (16, 14). A trend towards less consistent condom use with casual partners has also been observed (14).

Age has been taken as an indicator of risk in much of the literature (2, 5, 17, 18, 19). Age affects sexual risk behaviour among gay men, insofar as younger gay men are less likely to know their partner's HIV status or their own status (17). On the other hand, younger gay men report fewer recent sex partners compared to older gay men (17).

Unsurprisingly, younger men tend to have shorter duration partnerships (17, 18). As the length of gay men's partnerships increase, the likelihood that they would have a sexual agreement also increases (4). Younger gay men are more likely to report having a monogamous rather than a non-monogamous arrangement with their regular partners (17). Younger gay men may experience or understand sex and intimacy differently to their older counterparts and may therefore conceptualise 'relationships' differently as well.

While some research has explored changes to agreements over the length of gay partnerships (4), there has been little exploration of the effects of age on negotiation in

partnership agreements and subsequent risk behaviour within gay men's partnerships. In this paper, we sought to identify the extent to which age affects the type of partnerships gay and bisexual men (GBM) develop with their primary partners, and how they negotiate agreements about these partnerships. We also examined whether age affects how men discussed sexual risk and fidelity with their primary partners.

Methods

Data collected in an anonymous online survey, run during late 2013 to early 2014, of romantic and sexual partnerships among Australian GBM forms the basis of this paper. Both the Human Research Ethics Committees of the University of New South Wales and of La Trobe University provided their ethical approval for this work.

Participants

Eligibility and recruitment requirements to the study, as well as the data collection instruments, have been previously described in (19).

The survey was accessed by a total of 5486 people. A total of 4215 eligible participants provided responses to any questions in the survey. Nearly two thirds (65.9%) of these eligible men, 2777 participants, provided information about a primary regular partner, including 2212 men who described their relationship agreements with their regular partner. These 2212 men were included in these analyses. There was no difference on the key outcome variables between the 2212 men included in these analyses and the 565 men who did not describe their relationship agreements with their regular partner.

Questionnaire

The following sets of questions were included in the online questionnaire: demographic items, questions on sexual identity, questions on social engagement with gay community, sex partners, sexual behavior and condom use, and, in detail, about ongoing romantic and sexual relationships with ‘regular’ partners. A measure of social engagement with gay men was included, it consisted of two items: time spent with gay friends with responses on a four-point scale ranging from ‘none’ to ‘a lot’; and the proportion of friends who are gay, with responses on a five-point scale ranging from ‘none’ to ‘all’ (20). The items were added together to obtain a total score.

Men were asked how many regular partners they had and whether they identified as being in a “relationship” with each of these partners. Men could self-define the term “regular partner” and whether this included fuckbuddies, boyfriends or other types of partners. Participants were asked whether they believed their arrangement with their regular partners was monogamous or open and if an explicit agreement about the nature of this arrangement had been negotiated. The men were also asked about ongoing sexual activity with these partners and if this included anal intercourse with condoms.

Analysis

For analytic purposes, we have distinguished between regular ‘partnerships’, ‘relationships’, and ‘agreements’. ‘Partnerships’ referred to any ongoing sexual arrangement with a partner that participants identified as a ‘regular partner’.

‘Relationships’ were self-defined by participants and implied a romantic, sexual, or domestic arrangement with an expectation that it would be ongoing into the future.

‘Agreements’ referred to the format of an arrangement between regular partners as to sex with other partners (i.e. monogamous, or ‘open’, etc.).

Analysis of survey data was undertaken using SPSSTM version 22 software. The following items were included in the analysis: age, education, source of recruitment to the study, social engagement with gay men, sexual identification and practice, relationship status, and partnership agreement. Monogamous and non-monogamous partnership types were characterized using descriptive statistics. We compared men who had monogamous partnerships with men who had non-monogamous partnerships, according to: age when they met, social engagement with gay men, source of recruitment to the study, and year in which they met their regular partners.

T-tests were used for continuous variables and categorical variables were analyzed using Pearson’s chi-square test. For these analyses, we used Type I error of 5%.

We also used logistic regression models to estimate statistical associations with having a non-monogamous partnership, and, separately, with having sex with casual partners; we presented Adjusted Odds Ratios (AOR) and 95% Confidence Intervals (CI). Age was included as a continuous variable in the multivariate analyses.

Results

Among the sample of 2212 men who described their partnership agreements with their regular partners, mean age was 38.5 years with a median of 36 years. The youngest respondent was 15 years and the oldest was 78 years. Half were university-educated

(52.2%) and the majority was in full-time employment (57.4%), primarily in a professional (38.1%) or managerial (19.4%) occupation. Most men (86.9%) identified as gay, with many being highly socially engaged with other gay men: 23.2% reported that most or all of their friends were gay men, and 14.9% spent 'a lot' of their free time with gay friends.

There were 787 men (35.6%) who reported having more than one regular partner. The majority (466; 59.0%) of those with more than one regular partner nonetheless identified one of those partners as their primary regular partner; the remaining 321 men with multiple regular partners were asked to describe their partnership with the regular partner they had met first, also referred to thereafter as their primary regular partner (PRP). If men could not, in the end, decide between which of their partners was more important, then they were asked to first consider the partner they had been with the longest.

Over half the sample (60.7%) reported being 'in a relationship' with their PRP. Half (1117 men; 50.5%) of all men with a PRP also reported having had sex with casual sex partners in the previous six months; among those who considered themselves to be in a relationship with their PRP, 44.4% reported having sex with casual partners in the previous six months. Half of all men with a PRP (51.6%) reported having engaged in condomless anal intercourse (CLAI) with that partner in the previous six months. Men in the sample generally expressed satisfaction with their PRP, with over a third indicating that they were slightly (12.6%) or moderately (29.2%) satisfied and 36.8% that they were very satisfied.

Over a quarter (28.6%) of men reported that they had been with their PRP for less than a year, 36.3% for between one and five years, and 29.7% for more than five years. Fewer than half (46.5%) were living with their PRP. The majority of men with a PRP (58.9%) had an arrangement with that partner permitting sex with other men, though for a small number of men this only applied to one partner: 21 men reported that their agreement only permitted the respondent to have sex with other men, and for 19 men their agreement permitted only the respondents' partners to have sex with other men.

Age profile

Unsurprisingly, younger men had lower education, as they have had less time over the course of their lives to have studied (Table 1). They were also less likely to be of Anglo-Celtic background. Younger men were less likely to have been tested for HIV and to have tested HIV-positive. Younger men, particularly those aged less than 26 years, were less likely to identify as gay and were less socially engaged with gay men. Men aged less than 36 years were less likely to report sex with men other than their PRP, and were more likely to report having just one regular partner.

TABLE 1 – About here

Regarding the nature of their partnership with their PRP, younger men were less likely to have an agreement of any sort and were less likely have discussed it. Younger men were more likely to report having a monogamous partnership, but they were also less likely to report condomless anal intercourse (CLAI) with their PRP (Table 2). Unsurprisingly, younger men also had more recently met their PRP.

TABLE 2 – About here

Items included in the multivariate analyses were: age (as a continuous variable), satisfaction with partnership, length of relationship, social engagement with gay men, condomless anal sex, HIV status, education, and relationship status. In multivariate analysis of partnership arrangements, having a non-monogamous partnership with their PRP was associated with being older (AOR=1.03; 95%CI=1.02-1.04; $p<0.001$). Similarly, in a separate multivariate analysis of sex with casual partners, having sex with casual partners in the previous six months (i.e. not being monogamous in practice) was also independently associated with being older (AOR=1.01; 95%CI=1.00-1.02; $p=.045$).

Monogamous partnerships with a PRP

Most of the 784 men with self-described monogamous partnerships (93.0%) actually described it as a ‘relationship’, regardless of age (Table 3). Use of the term ‘relationship’ appeared to be somewhat related to length of time together: among 218 men with monogamous partnerships of less than one year, 184 (84.4%) described it as a ‘relationship’, compared with 94.9% of the 353 men with monogamous partnerships between one and five years’ duration, and 99.0% of the 207 men with monogamous partnerships of over five years’ duration ($p<0.001$). This trend applied for all age groups.

TABLE 3 – About here

Nearly two thirds (62.9%) of men with monogamous partnerships had a clear spoken agreement with their PRP about whether they could have sex with other men, also

largely regardless of age (Table 3). About a quarter had made an agreement about whether they should discuss it with their PRP if they ever did have sex with other men, most commonly to require that they should always tell each other when this occurred, regardless of age. The most common reason for agreeing to monogamy was that one (18.7%) or both (37.8%) partners wanted to ensure that their PRP did not have sex with other men, but this was a more commonly stated reason among younger men.

Among the 784 men who had a monogamy-style arrangement with their PRP, 201 men (25.6%) nonetheless reported sex with other men in the previous six months.

Respondents' age was not a factor in whether men's reported sexual behavior matched the type of agreements they had made with their PRP.

Non-monogamous partnerships with a PRP

While slightly fewer than half the men with self-described open partnerships (46.0%) actually described it as a 'relationship', younger men were particularly less likely to do so (Table 4). As was the case among men with monogamous partnerships, the use of the term 'relationship' appeared to be somewhat related to length of time together: among 399 men with non-monogamous partnerships of less than one year, 75 (18.8%) described it as a 'relationship', compared with 40.7% of the 435 men with non-monogamous partnerships between one and five years' duration, and 76.2% of the 446 men with non-monogamous partnerships of over five years' duration ($p < 0.001$). This trend applied for all age groups.

TABLE 4 – About here

Over half (54.5%) the men with open partnerships had a clear spoken agreement with their PRP about whether they could have sex with other men, regardless of age. Two thirds (66.2%) of men with explicit non-monogamous agreements had arranged that they could have sex with other men either together or separate from their PRP; 7.3% required that they only do so together, and 26.5% agreed that they would only do so separately. Age made little difference to whether they could have sex with other men together or separately (Table 4). One third (33.9%) of men with non-monogamous partnerships had made an agreement about whether they should discuss it with their PRP when they had sex with other men, most commonly to require that they should always tell each other when this occurred. The reasons men had agreed to permit sex with other men was often that either partner (about equally) had already had sex with someone else (18.9%), or even more commonly, expressed the desire to do so (27.4%). For the most part, age was not associated with either the reasons men had established non-monogamous agreements, or whether they should discuss any occurrences of sex with other men with each other.

Among men with a non-monogamous arrangement (explicit or otherwise), 66.8% reported having sex with other men in the previous six months. Respondents' age was not a factor in whether men's reported sexual behavior matched the type of agreements they had made with their PRP.

Negotiating risk reduction with their PRP

Over a quarter (29.8%) of men with a monogamous agreement ascribed the desire to stop using condoms with their PRP as a reason for making this agreement, whereas

only 7.8% of men with non-monogamous agreements gave this as a reason ($p<0.001$). Age was not associated with giving this as a reason for negotiating their agreements.

Over half the entire sample (55.2%) had discussed how to reduce the risk of HIV transmission with their PRP, but this was less common among younger men in both monogamous (Table 3) and non-monogamous (Table 4) partnerships. Nearly half (44.6%) of those with non-monogamous agreements had required that they always use condoms with other men; 5.9% permitted condomless sex with other men whose HIV status was seroconcordant, and 6.0% indicated that they were expected to reduce the risk of transmission in some other way.

Discussion

In this sample, age was associated with whether men with a PRP also reported sex with other men, and whether they had an agreement to that effect or not. Younger men were generally less likely to report sex with partners other than their PRP, and were more likely to have agreed to a monogamous arrangement with their PRP. Younger men tended to have more short-term relationships with their PRP (whether monogamous or open), and were less likely to report CLAI with their PRP. They were also less likely to have discussed risk reduction with their PRP.

Younger men tended to indicate that not wanting their PRP to have sex with other men was a reason for having monogamous arrangements with him. Regardless of age, however, among men who had non-monogamous arrangements with their PRP, the most common reason for this type of arrangement was that either they, or their PRP,

wanted to be able to have sex with other men. Younger men may be motivated to make monogamous arrangements with their PRP for reasons of emotional security, rather than the presence of HIV risk in the event of infidelity, a finding that may be useful in the design of HIV prevention programs tailored to young men (21).

Those who had made an agreement about monogamy (whether non-monogamous or open) were more likely to have agreed that they should inform each other if they had sex with other men. Age appeared to make little difference to whether they had discussed these sorts of arrangements or what kind of arrangement it was, except to the extent that younger men were more likely to be in a monogamous relationship.

A key consideration in how younger and older men negotiate their relationships may be the length of those relationships. The greater the length of men's relationships, regardless of age, the more likely they were to use the term 'relationship' to describe it. Men in monogamous relationships were much more likely to use the term 'relationship' than were men in non-monogamous relationships. However, whereas most men in even short-term monogamous relationships described it as such, the impact of length of relationship among non-monogamous men was far more pronounced: Among non-monogamous men who had been with their PRP for less than one year only one in six described it as a 'relationship'; but among those who had been with their PRP for over five years about three quarters described it that way. However, age appears to make little difference to whether men might consider a particular partnership as a 'relationship'. There is a certain consistency between different generations of men

about what defines a 'relationship'. So, a non-monogamous partnership of shorter duration is not generally considered a relationship, while this is less clear for monogamous partnerships. For some men at least, relationship status seems to be associated with monogamy, whether short-term or long-term.

In the context of negotiated safety (11), and with the prospect of substantial changes in the way that GBM consider issues of risk reduction in an era of Treatment as Prevention (TasP) and Pre-Exposure Prophylaxis (PrEP) (22,23) clear and open communication about partnership agreements is no less important for HIV-prevention than it has been previously. Yet, even without the need to consider the possibility of HIV transmission, the seeming disconnect between perceptions about relationship expectations, actual discussions about this between PRPs, men's actual practice, and having clearly articulated agreements is problematic. Perhaps even more important, though, is the apparent likelihood for younger GBM to have not considered, or to avoid, these issues in the context of their partnerships.

That only a minority of men discussed risk reduction with their PRP, and was even less common among younger men, may be due to the inherent difficulties associated with negotiating issues of condom use and questions about monogamy in recently established 'dating' relationships, particularly for men new to the sexual opportunities of gay social life (21). There is a tendency for younger men to form monogamous partnerships, but among those who are not monogamous, they nonetheless often presumed monogamy. Elsewhere, some young men wanted to avoid these sorts of

discussion so as to avoid the imposition of monogamy, believing that a ‘serious’ relationship included the social expectation that it was monogamous (21). So, some young men may avoid discussion of risk reduction because, for them, it is tied to the expectation of monogamy underpinning an established relationship.

Negotiating relationships is necessarily complex, and, for many GBM, presumptions about monogamy are not universal. The possibility of HIV transmission is a further consideration. Nonetheless, only about half the men in relationships surveyed here reported having discussed these issues with their PRP, and for many there are discrepancies between how they understand the nature of their relationships and how they behave in practice.

Younger men’s tendency to presume monogamy, and therefore, not consistently negotiate their relationships with their PRP, including risk reduction, may be partly due to the fact that they are far more likely to have only recently established their relationship with their PRP. As both they age and their relationships grow in duration, their sexual and romantic relationships are likely to become more complex, as is their capacity to discuss and accommodate the possibility of other regular as well as casual partners. That said, generational changes in beliefs and attitudes to monogamy in the context of marriage equality debates may also be reshaping how younger men imagine their relationship lives, and the kinds of conversations it is possible to have with a new partner. Debates surrounding same-sex marriage have tended to be narrowly conceptualised in a way that resonates with mainstream, normative, understandings of relationship structures usually ignoring the variety of relationship and sexual forms found among GBM (13, 24, 25, 26). Australian gay men’s attitudes to relationships,

monogamy, and marriage have previously been found to be complex, with many men being cautious about marriage, in practice, for that reason (243). At the present time marriage equality has not been achieved in Australia for same-sex couples, but is currently under debate. Same-sex couples do however possess many of the same legal rights as heterosexual couples.

The demographic and behavioural profiles of the men in this study are largely similar to other samples of GBM in Australia (14). Despite this the sample may not be representative of all homosexually active men as it was a convenience sample and utilised an online recruitment strategy. The ability to extrapolate these findings to other jurisdictions, outside Australia, may also be limited due to differences in the experiences of GBM in places with different levels of systemic discrimination and homophobic abuse. The legal protections provided to same-sex partners in Australia may be different to those in other jurisdictions and therefore lead to different ways of representing and conceptualising those partnerships. Lastly, this was a cross-sectional survey and as such it is not possible to determine any causative relationships in the data.

Conclusion

Although young men are more likely to practice monogamy, they are less likely to discuss risk reduction with their PRP. Their relationships also tend to be of shorter duration, so, the protective effect of monogamy in HIV risk-reduction terms is diminished. Although they are less likely than their older counterparts to report CLAI with their PRP, nearly half have done so. HIV-prevention activities targeting young GBM need to address the issue of risk in recently formed partnerships. It may be timely

to review the fundamentals of negotiated safety as a prevention strategy in light of generational changes in the status of HIV as a chronic condition, and in relation to more recent treatment and prevention modalities. Also, given that risk reduction appears to play a limited part in the relationship agreements younger GBM are forming (monogamous, and open), further research might explore the kinds of communication that are possible, particularly in recently established relationships, as the basis to ensuring younger men might protect themselves from the risks of HIV infection.

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Table 1: Characteristics of men according to age N=2212

	Under 26 (n=379)	26-35 (n=658)	36-50 (n=682)	Over 50 (n=441)	No age given (n=52)
Education***					
Not university educated	231 (60.9)	257 (39.1)	315 (46.2)	225 (51.0)	30 (57.7)
University level	148 (39.1)	401 (60.9)	367 (53.8)	216 (49.0)	22 (42.3)
Ethnic or cultural background***					
Not anglo-celtic	190 (50.1)	327 (49.7)	266 (39.0)	118 (26.8)	12 (23.1)
Anglo-celtic	189 (49.9)	331 (50.3)	416 (61.0)	323 (73.2)	40 (76.9)
HIV status***					
HIV-positive	0 (0.0)	28 (4.3)	62 (9.1)	47 (10.7)	3 (6.1)
HIV-negative	238 (63.1)	526 (80.1)	545 (79.9)	341 (77.5)	39 (79.6)
Unknown status	139 (36.9)	103 (15.7)	75 (11.0)	52 (11.8)	7 (14.3)
Sexual identity**					
Gay	309 (81.5)	573 (87.1)	611 (89.6)	384 (87.1)	45 (86.5)
Bisexual	61 (16.1)	73 (11.1)	60 (8.8)	52 (11.8)	6 (12.6)
Other	8 (2.1)	14 (2.1)	8 (1.2)	5 (1.2)	0 (0.0)
Not stated	1 (0.3)	0 (0.0)	3 (0.4)	0 (0.0)	1 (1.9)
Number of regular partners***					
One	243 (64.1)	417 (63.4)	373 (54.7)	244 (55.3)	28 (53.8)

More than one	118 (31.1)	202 (30.7)	278 (40.8)	182 (41.3)	20 (38.5)
Not stated	18 (4.7)	39 (5.9)	31 (4.5)	15 (3.4)	4 (7.7)
Sex with other men in previous six months***					
No reported sex with other men	220 (58.0)	364 (55.3)	290 (42.5)	187 (42.4)	34 (65.4)
Any reported sex with other men	159 (42.0)	294 (44.7)	392 (57.5)	254 (57.6)	18 (34.6)
Mean (SD)					
Gay social engagement***	2.95 (1.56)	3.39 (1.57)	3.53 (1.50)	3.63 (1.42)	3.27 (1.67)

*p<0.05

**p<0.01

***p<0.001

Table 2: Characteristics of partnership with primary regular partners about sex with other men according to age N=2212

	Under 26 (n=379)	26-35 (n=658)	36-50 (n=682)	Over 50 (n=441)	No age given (n=52)
Partnership type***					
Neither of us can have sex with other men	170 (44.9)	283 (43.0)	205 (30.1)	106 (24.0)	20 (38.5)
Only I can have sex with other men	2 (0.5)	8 (1.2)	8 (1.2)	3 (0.7)	0 (0.0)
Only he can have sex with other men	3 (0.8)	3 (0.5)	9 (1.3)	4 (0.9)	0 (0.0)
We both can have sex with other men	186 (49.1)	322 (48.9)	420 (61.6)	309 (70.1)	26 (50.0)
Not stated	18 (4.7)	42 (6.4)	40 (5.9)	19 (4.3)	6 (11.5)
Length of partnership***					
Under 1 year	204 (53.8)	220 (33.4)	125 (18.3)	73 (16.6)	11 (21.2)
1-5 years	144 (38.0)	278 (42.2)	225 (33.0)	141 (32.0)	15 (28.8)
Over 5 years	12 (3.2)	124 (18.8)	290 (42.5)	213 (48.3)	18 (34.6)
Not stated	19 (5.0)	36 (5.5)	42 (6.2)	14 (3.2)	8 (15.4)
Condom use with primary regular partner***					
No reported condomless anal intercourse	207 (54.6)	323 (49.1)	301 (44.1)	211 (47.8)	28 (53.8)
Any reported condomless anal intercourse	172 (45.4)	335 (50.9)	381 (55.9)	230 (52.2)	24 (46.2)
Satisfaction with partnership (Mean; SD)	4.82 (1.23)	4.76 (1.42)	4.77 (1.45)	4.64 (1.63)	4.53 (1.82)

Table 3: Monogamous partnerships according to age N=784

	Under 26 (n=170)	26-35 (n=283)	36-50 (n=205)	Over 50 (n=106)	No age given (n=20)
Considers this a 'relationship'					
Not considered as a 'relationship'	19 (11.2)	20 (7.1)	7 (3.4)	8 (7.5)	1 (5.0)
Considered to be a 'relationship'	151 (88.8)	263 (92.9)	198 (96.6)	98 (92.5)	19 (95.0)
Has clear spoken agreement	94 (55.3)	174 (61.5)	140 (68.3)	71 (67.0)	14 (70.0)
Reasons for current agreement					
We wanted to stop using condoms	51 (30.0)	76 (26.9)	63 (30.7)	38 (35.8)	6 (30.0)
He had sex with someone else	9 (5.3)	13 (4.6)	21 (10.2)	8 (7.5)	1 (5.0)
He wanted to have sex with someone else	10 (5.9)	5 (1.8)	8 (3.9)	2 (1.9)	0 (0.0)
I had sex with someone else	12 (7.1)	18 (6.4)	18 (8.8)	3 (2.8)	0 (0.0)
I wanted to have sex with someone else	6 (3.5)	21 (7.4)	15 (7.3)	4 (3.8)	0 (0.0)
I did not want him to have sex with someone else**	99 (58.2)	130 (45.9)	78 (38.0)	42 (39.6)	6 (30.0)
He did not want me to have sex with someone else*	100 (58.8)	142 (50.2)	89 (43.4)	47 (44.3)	6 (30.0)
One of us tested positive**	0 (0.0)	2 (0.7)	8 (3.9)	8 (7.5)	0 (0.0)
Discussing sex with other men					
Must always tell each other	40 (23.5)	56 (19.8)	39 (19.0)	31 (29.2)	7 (35.0)

Not always necessary to tell each other	0 (0.0)	4 (1.5)	0 (0.0)	0 (0.0)	0 (0.0)
Never tell each other	1 (0.6)	0 (0.0)	2 (1.0)	0 (0.0)	0 (0.0)
No agreement	129 (76.3)	223 (78.8)	164 (80.0)	75 (70.8)	13 (65.0)
Have discussed issue of risk reduction*	87 (51.2)	156 (55.1)	121 (59.0)	68 (64.2)	14 (70.0)
Methods of risk reduction*					
No sex with other men	94 (55.3)	160 (56.5)	97 (47.3)	58 (54.7)	14 (70.0)
Always use condoms with other men	8 (4.7)	25 (8.8)	30 (14.6)	10 (9.4)	1 (5.0)
No condoms with men of same HIV status	0 (0.0)	2 (0.7)	0 (0.0)	2 (1.9)	0 (0.0)
No condoms if otherwise reduce risk	0 (0.0)	0 (0.0)	1 (0.5)	1 (0.9)	0 (0.0)
No clear agreement	68 (40.0)	96 (33.9)	77 (37.6)	35 (33.1)	5 (25.0)

Note: Includes only those men who considered their partnership with their PRP to be monogamous.

Table 4: Non-monogamous partnerships according to age N=1303

	Under 26 (n=191)	26-35 (n=333)	36-50 (n=437)	Over 50 (n=316)	No age given (n=26)
Considers this a 'relationship'***					
Not considered as a 'relationship'	136 (71.2)	191 (57.4)	214 (49.0)	152 (48.1)	11 (42.3)
Considered to be a 'relationship'	55 (28.8)	142 (42.6)	223 (51.0)	164 (51.9)	15 (57.7)
Type of open partnership					
Sex with other men can only be together	10 (5.2)	22 (6.6)	32 (7.3)	24 (7.6)	2 (7.7)
Sex with other men can only be separately	41 (21.5)	66 (19.8)	109 (24.9)	102 (32.3)	7 (26.9)
Sex with other men can be together or separate	128 (67.0)	221 (66.4)	271 (62.0)	179 (56.6)	15 (57.7)
Not stated	12 (6.3)	24 (3.8)	25 (5.7)	11 (3.5)	2 (7.7)
Has clear spoken agreement	93 (48.7)	180 (54.1)	247 (56.5)	176 (55.7)	14 (53.8)
Reasons for current agreement					
We wanted to stop using condoms	16 (8.4)	29 (8.7)	39 (8.9)	17 (5.4)	0 (0.0)
He had sex with someone else*	39 (20.4)	42 (12.6)	68 (15.6)	68 (21.5)	4 (15.4)
He wanted to have sex with someone else	53 (27.7)	105 (31.5)	133 (30.4)	88 (27.8)	6 (23.1)
I had sex with someone else	42 (22.0)	52 (15.6)	81 (18.5)	71 (22.5)	5 (19.2)
I wanted to have sex with someone else	62 (32.5)	119 (35.7)	152 (34.8)	113 (35.8)	7 (26.9)

I did not want him to have sex with someone else	8 (4.2)	6 (1.8)	13 (3.0)	11 (3.5)	0 (0.0)
He did not want me to have sex with someone else	8 (4.2)	8 (2.4)	11 (2.5)	10 (3.2)	1 (3.8)
One of us tested positive	4 (2.1)	3 (0.9)	8 (1.8)	11 (3.5)	0 (0.0)
Discussing sex with other men					
Must always tell each other	40 (20.9)	60 (18.0)	97 (22.2)	55 (17.4)	5 (19.2)
Not always necessary to tell each other	13 (6.9)	36 (10.8)	47 (10.7)	48 (15.1)	2 (7.7)
Never tell each other	2 (1.0)	11 (3.3)	20 (4.6)	6 (1.9)	0 (0.0)
No agreement	138 (71.2)	226 (67.8)	273 (62.5)	207 (65.5)	19 (73.1)
Have discussed issue of risk reduction***	78 (40.8)	187 (56.2)	281 (64.3)	207 (65.5)	15 (57.7)
Methods of risk reduction*					
No sex with other men	4 (2.1)	4 (1.2)	7 (1.6)	6 (1.9)	0 (0.0)
Always use condoms with other men	80 (41.9)	158 (47.4)	197 (45.1)	135 (42.7)	11 (42.3)
No condoms with men of same HIV status	5 (2.6)	14 (4.2)	32 (7.3)	25 (7.9)	1 (3.8)
No condoms if otherwise reduce risk	7 (3.7)	13 (3.9)	30 (6.9)	27 (8.5)	1 (3.8)
No clear agreement	95 (49.8)	144 (43.2)	171 (39.2)	123 (38.9)	13 (50.0)

Note: Includes only those men who considered their partnership with their PRP to be not monogamous.